

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-470)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FIED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	NO.	DEF.	NO.	DEF.	NO.	DEF.						
1							61					
2							62					
3							63					
4							64					
6							66					
6							66					
7							67					
8							68					
9							69					
10							60					
11							61					
12							62					
13							63					
14							64					
16							66					
16							66					
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41							91					
42							92					
43							93					
44							94					
46							96					
46							96					
47							97					
48							98					
49							99					
60							200					
TOTAL NO.	4						TOTAL NO.					
TOTAL DEF.	2						TOTAL DEF.					